

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041000

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 227

STATE FILE NUMBER

FILED OCT 16 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moberly</b>		Length of stay in lb <b>1 day</b>	c. CITY OR TOWN <b>Moberly</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Community Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>209 S. Morley St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Bud Andy Flickinger</b>			4. DATE OF DEATH Month Day Year <b>10/12/63</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/15/1899</b>
9. AGE (last birthday) <b>64</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) <b>Babash water worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>railroading</b>	11. BIRTHPLACE (City and state or country) <b>Stoutsville, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>John Peter Flickinger</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Frances Ludlum</b>		14. NAME OF HUSBAND OR WIFE <b>Susie Flickinger</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) <b>no</b>		16. SOCIAL SECURITY NO. <b>348</b>	
17. INFORMANT <b>Mary Sue Witmer</b>		Address <b>Moberly, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medullary Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Infarct</b> DUE TO (c) <b>Atherosclerotic Heart Disease</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>Sudden 1 hour years</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>10-6-63</b> to <b>10-12-63</b> and last saw him alive on <b>10-12-63</b> Death occurred at <b>11:35</b> <b>PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Begin with title) <b>M.D. Johnston</b>		22b. ADDRESS <b>515 W. Rollins Moberly, Mo.</b>	
22c. DATE SIGNED <b>10-14-63</b>		22d. LOCATION (City, town, or county) (State) <b>Moberly, Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10/14/63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Mem. Gardens</b>		23d. LOCATION (City, town, or county) (State) <b>Moberly, Missouri</b>	
24. FUNERAL DIRECTOR <b>Million &amp; Greer</b>		25. DATE RECD. BY LOCAL REG. <b>10-14-1963</b>	
26. REGISTRAR'S SIGNATURE <b>M. Paul White</b>			

USE BLACK INK

OR

TYPEWRITER RIBBON

OCT 21 1963

NOV 1 1963

FEB 11 1964

JAN 2 1964

0228  
0228

0 1 0 0

8-1

permitted received 10-14-63

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Marion E. McMillan*

Licensed Embalmer No.

3957

P. O. Address

*Marion E. McMillan*  
*Marion E. McMillan*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.